



A DOCPHOENIX

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CLAIM	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	17 - 20* =	0	x \$ 9.00 =	\$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	1 - 3** =	0	x \$ 42.00 =	0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) 37 CFR 1.16(d))			+ \$	=
				BASIC FEE (37 CFR 1.16)	370.00
				Total of above Calculations =	370.00
				TOTAL =	\$ 370.00

\* Reissue claims in excess of 20 and over original patent.  
\*\* Reissue independent claims over original patent.

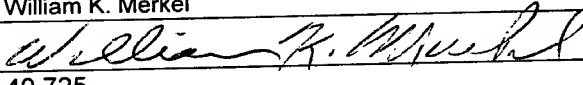
6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. \_\_\_\_\_:
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

## 14. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	04743	or	<input type="checkbox"/> New correspondence address below
Name	William K. Merkel Marshall, Gerstein & Borun		
Address	6300 Sears Tower 233 South Wacker Drive		
City	Chicago	State	IL
Country	United States of America	Zip Code	60606-6357
	Telephone	312-474-6300	Fax 312-474-0448

## 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	William K. Merkel
Signature	
Registration No. (Attorney/Agent)	40,725
Date	December 24, 2002

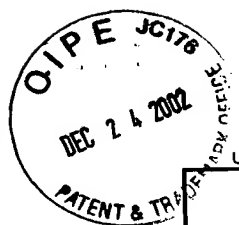
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV180486238US, in an envelope addressed to: Box CPA, Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: December 24, 2002

Signature: 

Laura L. Frasher

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PTO/SB/17 (10-02)

Approved for use through 10/31/2002. OMB 0651-0032

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**FEE TRANSMITTAL  
for FY 2003**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	09/362,485
Filing Date	July 28, 1999
First Named Inventor	L. Flohe
Examiner Name	D. Johsannsen
Group Art Unit	1634
Attorney Docket No.	29473/35834

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☒ None☐ Deposit Account

Deposit Account Number

13-2855

Deposit Account Name

MARSHALL, GERSTEIN &amp; BORUN

The Commissioner is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		-20** =		x		=	
Independent Claims		-3** =		x		=	
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0.00

\*\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1051	130	2051	65	Surcharge – late filing fee or oath		
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	400	2252	200	Extension for reply within second month		
1253	920	2253	460	Extension for reply within third month		
1254	1,440	2254	720	Extension for reply within fourth month		
1255	1,960	2255	980	Extension for reply within fifth month		
1401	320	2401	160	Notice of Appeal		
1402	320	2402	160	Filing a brief in support of an appeal		
1403	280	2403	140	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive – unavoidable		
1453	1,280	2453	640	Petition to revive - unintentional		
1501	1,280	2501	640	Utility issue fee (or reissue)		
1502	460	2502	230	Design issue fee		
1503	620	2503	310	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))		
1810	740	2810	370	For each additional invention to be examined (37CFR 1.129(b))		
1801	740	2801	370	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify)		2006 Basic Filing fee - Utility (CPA)			370.00	
				SUBTOTAL (3)	(\$)	370.00

**SUBMITTED BY**

Name (Print/Type) William K. Merkel

Registration No. (Attorney/Agent)

40,725

**Complete (if applicable)**

Telephone (312) 474-6300

Signature

Date

December 24, 2002

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